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Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571)-273-2885 or Fax

INSTRUCTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1. bv (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for stic mailings of the

naintenance fee notifications.	ig a new correspondence address, and/or (ii) indicating a separate 1
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(Signature (Date)

DATE DUE

APPLICATION NO PILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 09/16/1774 09/20/1098 KIYOFUMI SAKAGUCHI 35.C10530C1/

ISSUE FEE

TITLE OF INVENTION: PROCESS FOR PRODUCTION OF SEMICONDUCTOR SUBSTRATE

SMALL ENTITY

nonprovisional	NO	\$1400	)	S0	S	1400	09/13/2006
EXAMIN	ER	ARTUN	IT	CLASS-SUBCLASS	1		
FOURSON III, (	SEORGE R	2823		438-406000	,		
<ol> <li>Change of correspondence ac CFR 1.363).</li> <li>Change of corresponden Address form PTO/SB/122)</li> <li>□ "Fee Address" indication PTO/SB/47; Rev 03-02 or n Number is required.</li> </ol>	ce address (or Change of Cattached.	Correspondence	(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, li- imes of up to 3 registered paten OR, alternatively, me of a single firm (having as a attorney or agent) and the nam ad patent attorneys or agents. If name will be printed.	nt attorneys member a		rick, Cella,
A COLOMBIA AND A COLOMBIA							

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNED

Advance Order - # of Copies

APPLN. TYPE

(B) RESIDENCE: (CITY and STATE OR COUNTRY) Tokyo, Japan

☑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form).

PUBLICATION FEE

Canon Kabushiki Kaisha

Please check the appropriate assignee category or categories (will no	ot be printed on the patent):	☐ Individual	○ Corporation or other private group entity  Output  Description  O	Government
4a. The following fee(s) are enclosed:  State Fee  Deblication Fee (No small entity discount permitted)	4b. Payment of Fee(s):  A check in the air			

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Date August 14, 2006 Typed or printed name Daniel S. Glueck Registration No. 37,838

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